

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34880 (5)

1. Corporation Name
HARDAWAY CONSTRUCTION CORP. OF TENNESSEE



Principal Place of Business: 615 MAIN ST. NASHVILLE TN 37206-0464
Mailing Address: 615 MAIN ST. NASHVILLE TN 37206-0464

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 03/14/1995
4. FEI Number: 62-1263703
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HARDAWAY, L. H., JR.	
STREET ADDRESS	615 MAIN ST.	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, KERRY P.	
STREET ADDRESS	615 MAIN ST.	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GROVER, BILL D.	
STREET ADDRESS	615 MAIN ST.	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOOMBS, EMMETT	
STREET ADDRESS	615 MAIN ST.	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SLOAN, KERRY D.	
STREET ADDRESS	615 MAIN ST.	
CITY - ST - ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 4/29/96 Daytime Phone #: 615-254-5461

CR2E034 (12/95)